DHS 145 - Applicant Data Sheet STATE OF HAWAII - DEPARTMENT OF HUMAN SERVICES

1.									
2.	Position Title				3.				
	Division						Date		
4.					5.				
٦.	NAME: First	Middle		Last		PHONE:		Home / Other	
6.									
	MAILING ADDRESS	S: Number	Street		City	Zi	p Code	Island	
7.	E-MAIL ADDRES	e e							
	E-IVIAIL ADDRES	S							
8.	EDUCATION:								
	Name of last grade school attended (elementary, intermediate or high school) Highest grade comp							eted	
	Did you graduate? ☐ YES ☐ NO Did you receive a GED? ☐ YES ☐ NO								
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	In-service training; Business or Trade school; Armed Forces training; College, University, or Professional Schools, etc. No. of Credits Kind of Degree,								
	Name and Address of School(s)			Course or Major field of Study	Completed		Certificate, Diploma Received		
						Sem. (Qtr.		
9.	LICENSES, CERTIFICATES, OTHER QUALIFICATIONS (Including Driver's License): Indicate the kind of license, registration number, and the State or other Licensing Authority:								
	A. Driver's License : Yes, I have a valid driver's license and/or I am able to obtain a valid driver's license by the time of appointment.								
	 No, I do not have a driver's license and/or I am not interested in being considered for positions which require a driver's license. 								
	B. Other Licenses or Certificates : Please indicate the kind of license, registration number, and the State or other Licensing Authority. If proof of evidence is required, please submit a photocopy or present for verification.								
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10. WORK EXPERIENCE: Begin with your present or last position and work backwards. Include military experience. If more space is needed provide the information on a blank sheet titled, "Experience" and attach it to this form. Information you submit on this form may be verified. Please complete this section even if you are attaching a resume or other documents. From:_____ Employer:___ Mo/Yr Address: Phone Number :___ Mo/Yr Name and Title of Supervisor:_____ ☐ Full-Time ☐ Part-Time Your Title: ____ Hours worked per week _____ Duties and Responsibilities:_____ Starting Salary:_____per____ Ending Salary:_____per____ Reason(s) for leaving:_____ From:______Mo/Yr Employer:_____ Address: Phone Number :_____ Mo/Yr Name and Title of Supervisor:_____ ☐ Full-Time ☐ Part-Time Your Title: Hours worked per week _____ Duties and Responsibilities: Starting Salary:____per___ Ending Salary:____per___ Reason(s) for leaving:_____ Employer:___ From:_____ Mo/Yr Address:_____ Phone Number:_____ Mo/Yr Name and Title of Supervisor:_____ ☐ Full-Time ☐ Part-Time Your Title: _____ Hours worked per week _____ Duties and Responsibilities:_____ Starting Salary:____per___ Ending Salary:____per___ Reason(s) for leaving:_____ 12. May we contact your present employer(s)? Yes No May we contact your former employer(s)? Yes No I hereby certify that the above information is true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawaii. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required. Signature Date